CITY OF STOCKTON | COMMUNITY SERVICES | RECREATION & LIBRARY

DAY CAMP 2017 - 2018

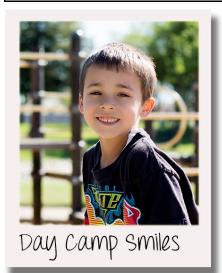
COMMUNITY CENTERS CAMPS	ADDRESS AND PHONE NUMBER		Age	Days	Hours	Weekly Tuition for Camp	Additional Sibling(s) Rate	Day Rate (Based on Availability)
Arnold Rue Community Center	5758 Lorraine Avenue 95210	(209) 937-7350	5-12	M-F	7:30a - 5:30p	\$80.00	\$60.00	\$25
Stribley Community Center	1760 E. Sonora Street 95210	(209) 937-7351	5-12	M-F	7:30a - 5:30p	\$80.00	\$60.00	\$25

EXCLUSIONS:

No camp on 11/23/17 and 11/24/17, this 3 day camp week has a reduced weekly rate of \$60, additional siblings \$50, and day rate of \$25

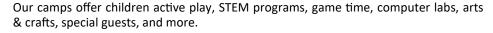
No camp on 12/25/17, weekly camp rates apply

No camp on 1/1/18, weekly camp rates apply



CAMP WEEKS	SCHOOL BREAKS	CAMP WEEKS	SCHOOL BREAKS
Oct 2—6, 2017	LUSD Fall Break	Jan 2—5, 2018	LUSD Winter Break
Oct 9—13, 2017	SUSD/LUSD Fall Break	Mar 12—16, 2018	LUSD Spring Break
Nov 20—24, 2017	Thanksgiving Break	Mar 19—23, 2018	LUSD Spring Break
Dec 18—22, 2017	SUSD Winter Break	Mar 26—30, 2018	SUSD Spring Break
Dec 26—29, 2017	SUSD/LUSD Winter	2018 SUMMER CAMPS WILL	BEGIN ON JUNE 4 th , 2018

MORE CAMP DETAILS



MEALS: Please pack a sack lunch for child/children. An afternoon snack will be provided. Participants will be allowed to eat only at designated meal times (Breakfast/ Lunch/Snack). Participants are encouraged to bring breakfast to enjoy during the morning drop-off time.

REGISTRATION: Complete the Camp Permission Slip/Medical Release and turn in to your preferred camp location. Please note that payment for each week requested is due 2-weeks prior to first day of camp. Camp is based on the number of participants registered and is subject to cancellation. Payment and registration form(s) are required, one for every child in attendance. Registration is a first come-first serve basis. Registrations will not be refunded or pro-rated. Day Rates are available only if space allows.





COMMUNITY SERVICES RECREATION (209) 937-8206 www.stocktongov.org











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CAMP PERMISSION SLIP/MEDICAL RELEASE

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Participant's Full Name: _		DOB:	Age:	_ Sex: \bigcirc M \bigcirc F		
Street Address:		City:		Zip:		
Father/Guardian		Mother/Guardian				
Father Home #		Mother Home #				
Father Cell #		Mother Cell #				
Father Work #		Mother Work #				
Father Email		Mother Email				
EMERGENCY CONTACT: 1	Name:					
		#: Work#:				
INSURANCE CARRIER:		I.D.#:				
ASSIGNED DROP-OFF/PIC	K-UP INDIVIDUALS:					
		above or assigned individuals below. Indi drivers license. LATE FEE: \$15 fee per 15				
To Register: Complete the C	Camp Permission Slip/Medi	ical Release and turn in to your p	referred camp loc	ation.		
Name	Relationship	Home/Cell Phone	Work Phone			
Name	Relationship	Home/Cell Phone	Work Phone			
Name	Relationship	Home/Cell Phone	Work Phone			
Name	Relationship	Home/Cell Phone	Work Phone			
		Home/Cell Phone emergency information):				
Special Conditions (Disab Campers must be able to medication? Yes	ilities, allergies, medical of monitor and administer		. Is your child tal	king any		
Campers must be able to medication? Yes List Medication/Reason/E PARENT/GUARDIAN CONSENT Of personal injury or property damag release, discharge and agree not property arising out of, or in conformoter/organizer or City of any agree, for myself, my heirs, administration suits arising out of or in connect participating in this event/program	ilities, allergies, medical emonitor and administer No Dosage/Interval: F WAIVER FOR PARTICIPATION: Ite. I hereby acknowledge that I am to sue the City of Stockton, its of mection with, my participation in other participant in the event/p istrators, executors and assigns, this in that I am giving consent for images release, hold harmless and agree	emergency information): their own medication at camp	n in this event/progra rogram and agree to a ors for any injury or de, including the active itted to participate in e City from any and all case of an emergen- or promotional purpos	m exposes me to the risk of assume and such risk. I hereby lamage to or loss of persona e or passive negligence of the the event/program, I hereby il claims, demands, actions, or cy. I also understand that by es or instruction by the City o		
Special Conditions (Disab Campers must be able to medication? Yes List Medication/Reason/E PARENT/GUARDIAN CONSENT Of personal injury or property damag release, discharge and agree not property arising out of, or in compromoter/organizer or City of any agree, for myself, my heirs, adminisuits arising out of or in connectiparticipating in this event/program Stockton. I have carefully read this liabilities and signed by my own free	ilities, allergies, medical emonitor and administer No Dosage/Interval: F WAIVER FOR PARTICIPATION: ge. I hereby acknowledge that I am to sue the City of Stockton, its of sue that I am of the participation in of the participation of the county istrators, executors and assigns, the in that I am giving consent for image is release, hold harmless and agree were will.	emergency information): their own medication at camp I fully understand that my participation of voluntarily participating in this event/p fficers, employees, agents, and contract the event/program from whatever caus rogram. In consideration for being permitant I shall indemnify and hold harmless the form will act as a medical release in the es of myself and/or my child to be used for the contract of the cont	in this event/progra rogram and agree to a ors for any injury or de e, including the active itted to participate in the City from any and a crease of an emergen- or promotional purposents. I am aware that the	m exposes me to the risk of ssume and such risk. I hereby lamage to or loss of persona or or passive negligence of the the event/program, I hereby II claims, demands, actions, or cy. I also understand that by es or instruction by the City or this form is a full release of all		